

LIEN INQUIRY REQUEST FORM

INSTRUCTIONS: Please make all checks payable to **City of Miramar. A self-addressed, stamped envelope must be included for all inquiries. Vacant land request can't be processed as a RUSH or Expedited Request.** ALL requests must be written and submitted with a payment. * Lien Inquiries are good for 30 days after the date at the bottom of the form *

TO: CITY OF MIRAMAR

Attn: Lien Request-Finance

2300 Civic Center Place

Miramar, FL 33025

(954) 602-3040 Business Tax

(954) 602-3028 Utility Billing Customer Service

businessstax@miramarfl.gov

FROM: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

ATTENTION: _____

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

() REGULAR REQUEST: \$35.00 PER ADDRESS (MUST ALLOW 5 TO 7 WORKING DAYS TO PROCESS)

() RUSH REQUEST: \$60.00 PER ADDRESS (MUST ALLOW 3 WORKING DAYS TO PROCESS)

() Expedited Overnight Service: \$100.00 PER ADDRESS (MUST ALLOW 1 WORKING DAY TO PROCESS)

PROPERTY INFORMATION (Please Type or Print Clearly)

Property Address: _____

Folio Number: _____ (LIEN SEARCHES ARE NOT PROCESSED BY FOLIO NUMBERS)

Name of Buyer: _____ Name of Seller: _____

Anticipated Closing Date: _____

Please indicate if request is for a Vacant Land FOLIO NUMBERS are for Vacant Land Request.

Building/Permit searches must be requested for violation information in the Building Department. The request is \$75.00 per address. The Lien Inquiry Request is INCOMPLETE without the Building Search. The request can be mailed or delivered to 2200 Civic Center Place Miramar FL 33025. Please call (954)602-3229 for more information on building searches. Thank You.

LIEN INQUIRY RESPONSE (City of Miramar Use Only)

City of Miramar Utility Account Number: _____

Utility and/or Sanitation Balance \$ _____, through _____ only.

Interest on Delinquent Utility and/or Sanitation Account \$ _____ Total Utility due \$ _____

Maintenance Assessments \$ _____, type _____

Special Assessments \$ _____. (Special Assessments are for Vacant Land Only)

False Alarm Account Number: _____ Balance Due \$ _____

Roll Off Account Number: _____ Balance Due \$ _____

Fire Account Number: _____ Balance Due \$ _____

Sewer Connection Number: _____ Pay-off amount \$ _____

Business Tax Receipt: _____ Balance Due \$ _____

Code Compliance Violation(s) ____ YES ____ NO if yes is marked; you must email a copy of this completed lien request form to Code Compliance for violation and/or payment information. codeadmin@miramarpd.org City of Miramar Code Compliance will not be responsible for "Lien Records" five years after the case is closed. A Broward County Official Records Search is encouraged.

The City of Miramar does not provide water service to this address.

(Check if appropriate) Please contact Broward County Water & Wastewater Services at (954) 831-3250.

Wells and Septic Tanks Only. _____ Association Pay Utility Bills.

(Check if appropriate)

(Check if appropriate)

NOTE: The balance shown is for service through the date indicated only. Additional charges will be due after this date. Please fax this completed lien request form to (954)602-3650 or email to wbcustomerservice@miramarfl.gov for utility billing (water) updates. Please allow 2 business days for all update request to be returned. Please call (954) 602-3061 for all other balances except water, Code and Building. This response excludes Liens for real estate taxes and certain code violations, which are handled by the Broward County Records, Taxes and Treasury Division (954) 831-4000.

Signature: _____ Date: _____